

INSTRUCTIONS FOR APPLICANTS

Required Application Materials:

- \square Application form: include one photo 2 x 2.
- Demographic information form (optional).
- **D** Eligibility form.
- **Current resume:**
 - Example of what your resume should have:
 - Your name and contact information
 - Education and Certification, if any.
 - Previous Experiences:
 - Employment
 - Internships
 - Community services
 - School clubs and extracurricular activities
 - Skills and Abilities:
 - Computer knowledge
 - Research experience (example: Science Fairs)
 - Languages Proficiencies: (Spanish, English and others)
 - Honors and Awards
- □ Two letters of recommendation (From a faculty member or Teacher High School).
- □ An unofficial transcript may able to use for starting evaluation process. An official transcript will be required upon acceptance into the program. (High School Transcript; if you're in first year; Current Institution Transcript, if you're in second year).
- College Board Results or SAT Results: (only apply if you're in first year)
- □ Parent Consent form and Commitment form.
- **Essay 1:** What makes you a strong candidate for this Scholarship Program? (Typed, 1000 word suggested length, attach to application. Please put your name on the top)



USDA - Broadening Agriculture Science Education (BASE) APPLICATION FORM

INSTRUCTIONS: Fill all the blank spaces with the most current information and have to be in PRINT writing. Failure to provide information requested on this application form, may result in processing delays or not to be evaluated. Giving false information will be considered as an automatically disqualifying application form. Please be advised that your contact information may be given to USDA for verification purposes.

APPLICANT'S PERSONAL INFORMATION

Name:					
(Last Name) (First		me)	(Middle Name)		
Birth Date and Place of Birth:	/	,			
	(MM/DD/YY)	(Country/State)			
ID Student Number:		Priver's License Number:	<u> </u>		
		(If any)	(Number/State)		
Primary E-mail:	Se	_ Secondary E-mail:			
Primary Contact Number:	S	econdary Contact Numb	er:		
CURRENT HOME ADDRES	S				
Street Address or P.O. Box, Apartment #, can	pus address, etc.				
City Stat	e	Postal/Zip	current until (Date: M/D/Y)		
CURRENT MAILING ADDE	RESS				
Street Address or P.O. Box, Apartment #, cam	pus address, etc.				
City Stat	e	Postal/Zip	current until (Date: M/D/Y)		



USDA - Broadening Agriculture Science Education (BASE) APPLICATION FORM

EMERGENCY CONTACT INFORMATION

(Last Name)	(Last Name) (First Relationship:		(Middle Name)	
Relationship:			E-mail:	
Primary Contact N	umber:	Secondary Contac	t Number:	
Current Address:				
Street Address or P.O. Box, A	Apartment #, campus addı	ess, etc.		
City	State	Postal/Zip	current until (M/D/Y)	
transcript will be required to the second seco		into the program.)		
			raduation Date:	
Current Institution				
Country/State:		Student Statu	us:	
Expected Graduati	on Date:		(First or Second Year: Fall or Spring	
	(Month/	Year)		
Major:		Minor (if any):		
Overall G.P.A (if a	ny):			
REFERENCES: (Please list two additio	nal references, do not include r	elatives)	
Name:		Organization/Institution	o n:	
Email:				
Name:		Organization/Institutio	on:	
Email:		Phone Number:		



USDA - Broadening Agriculture Science Education (BASE) ELIGIBILITY FORM

CITIZENSHIP STATUS

Check One:

- □ I am United States Citizen.
- □ I am Naturalized United States Citizen.
- □ I am a permanent United States Resident or a Green Card Holder
- Other: _____

If you selected permanent United States Resident, please list green card number:

PROGRAM ENROLLED

Four year program (BS) in:

- □ Agricultural Science
- Biology
- □ Microbiology
- □ Chemistry
- Environmental Technology
- □ Environmental Science
- □ Biotechnology
- Other: _____

PROGRAM AWARNESS

How did you hear about this program? (Note: this will not affect your application)

- □ Class visit
- □ Printed material (i.e. brochure)
- **T**abling
- □ Website
- Event
- □ Media Coverage
- **F**riend
- Other: _____



Letter of Recommendation

Applicant: ____

(Last Name)

(First Name)

(Middle Initial)

How long have you know the applicant? ______.

How would you rate the applicant with the following personal characteristics?

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate Observation
Responsibility with given tasks						
Student improvement in the class						
Originality						
Emotional maturity and stability						
Ability to work in groups						
Independence and self-reliance						
Academic achievement						
Participation in extracurricular activities on campus						
Participation in extracurricular activities on communities.						
Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						

COMMENTS: (Feel free to use additional sheets)

Signature:Date:Typed/Printed Name:Title:Institution/Organization Name:Phone:



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Applicant: ____

(Last Name)

(First Name)

(Middle Initial)

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Academic achievement						
Participation in extracurricular activities on campus						
Participation in extracurricular activities on communities.						
Leadership						
Motivation toward a productive career						
How you would classify the student general performance?						

COMMENTS: (Feel free to use additional sheets)

Signature:	Date:
Typed/Printed Name:	Title:
Institution/Organization Name:	Phone:



USDA - Broadening Agriculture Science Education (BASE) Student Commitment and Parent/Guardian Consent

STUDENT COMMITMENT

I,	(Print student name), certify all of the information
indicated on the application is co	prrect, so I agree to abide by the rules and duties of the USDA
Multicultural Scholarship Program	m.
Certify in full knowledge, today:	·
	(M/D/Y)
Student Signature:	Witness Printed Name:
Witness Signature:	
PARENT/GUARDIAN CONSEN	VT
"I acknowledge that I have carefully rea	nd the instructions contained herein and that all information provided by me
in this application is true and accurate."	
I hereby, authorize my child:	(student name) to:
• Participate on all activities	s related to fulfill the goals of the proposal of the USDA
Multicultural Scholarship Pr	ogram. These activities may include:
• Conferences.	
• Trainings (inside or o	outside campus)
• Travel to National Co	onferences and internships (in Puerto Rico and United States)
• Participate in communities s	ervice activities.
• Receive medical and dental	assistance on case of emergency. In this case, I am responsible to
pay all charges and fees.	
• Certify in full knowledge, to	day: ^(M/D/Y)
Student Signature:	Parent Printed Name: Parent/Guardian Signature:



DEMOGRAPHIC INFORMATION

This information will be used for **STATISTICAL PURPOSES ONLY**. This **WILL NOT** be used as criteria for evaluation. Your responses will be highly confidential.

Ethnicity (Check One):

- □ Hispanic or Latino
- □ Not Hispanic or Latino

Race (Check all that applies):

- □ White
- **D** Black or African American
- American Indian or Alaska Native
- □ Asian
- □ Native Hawaiian or Pacific Islander
- □ Other: _____

Sex:

□ Female

□ Male

If you selected Male, indicate if you have registered for Selective Services.

Yes _____ No _____

Disability Status: (Check if applicable)

- **I** Individual with a Disability
- □ Not applicable

Reasonable Accommodation: (Explain what type of accommodation you might need.)